

18603

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 14 1957

 BIRTH NO. 42023-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5181

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: DePaul Hospital		e. STREET ADDRESS (If rural, give location) 179 4263 Castleman Ave.			
3. NAME OF DECEASED (Type or Print) INFANT MYLES		a. (First)	b. (Middle)	c. (Last) Dorsey	4. DATE OF DEATH (Month) (Day) (Year) 6 1 57
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 1, 1957	9. AGE (In years last birthday) 0 10 UNDER 1 YEAR 0 1 YEAR 0 2 YEARS 0 3 YEARS 0 4 YEARS 0 5 YEARS 0 6 YEARS 0 7 YEARS 0 8 YEARS 0 9 YEARS 0 10 YEARS 0 11 YEARS 0 12 YEARS 0 13 YEARS 0 14 YEARS 0 15 YEARS 0 16 YEARS 0 17 YEARS 0 18 YEARS 0 19 YEARS 0 20 YEARS 0 21 YEARS 0 22 YEARS 0 23 YEARS 0 24 YEARS 0 25 YEARS 0 26 YEARS 0 27 YEARS 0 28 YEARS 0 29 YEARS 0 30 YEARS 0 31 YEARS 0 32 YEARS 0 33 YEARS 0 34 YEARS 0 35 YEARS 0 36 YEARS 0 37 YEARS 0 38 YEARS 0 39 YEARS 0 40 YEARS 0 41 YEARS 0 42 YEARS 0 43 YEARS 0 44 YEARS 0 45 YEARS 0 46 YEARS 0 47 YEARS 0 48 YEARS 0 49 YEARS 0 50 YEARS 0 51 YEARS 0 52 YEARS 0 53 YEARS 0 54 YEARS 0 55 YEARS 0 56 YEARS 0 57 YEARS 0 58 YEARS 0 59 YEARS 0 60 YEARS 0 61 YEARS 0 62 YEARS 0 63 YEARS 0 64 YEARS 0 65 YEARS 0 66 YEARS 0 67 YEARS 0 68 YEARS 0 69 YEARS 0 70 YEARS 0 71 YEARS 0 72 YEARS 0 73 YEARS 0 74 YEARS 0 75 YEARS 0 76 YEARS 0 77 YEARS 0 78 YEARS 0 79 YEARS 0 80 YEARS 0 81 YEARS 0 82 YEARS 0 83 YEARS 0 84 YEARS 0 85 YEARS 0 86 YEARS 0 87 YEARS 0 88 YEARS 0 89 YEARS 0 90 YEARS 0 91 YEARS 0 92 YEARS 0 93 YEARS 0 94 YEARS 0 95 YEARS 0 96 YEARS 0 97 YEARS 0 98 YEARS 0 99 YEARS 0 100 YEARS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Dorsey		13b. MOTHER'S MAIDEN NAME Doris M. Wodraska		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Dorsey 4263 Castleman Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis, Pulmonary Bilat. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hydrothorax; Hydroperitoneum DUE TO (c) Polyserositis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7620		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/1, 1957, to 6/1, 1957, that I last saw the deceased alive on 6/1, 1957, and that death occurred at 8:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Roy v. Boedeker MD		23b. ADDRESS 100 N. Euclid		23c. DATE SIGNED 6/2/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 4, 1957		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		24e. DATE REC'D BY LOCAL REG. JUN 3 '57		24f. REGISTRAR'S SIGNATURE Kriegshauser	
24g. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser		24h. ADDRESS 4228 S. Kingshighway Bl.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard W. Stovesand

Licensed Embalmer No. 400

P. O. Address

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.
If this body is not embalmed, fact should be so stated above.